Effective on 1½/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).			Application Number 10/501,519							
	ANSMITT		Filing Date		December:		OCT 1 2 2007			
	R FY 2005	AL				28, 2004	)C1 12 2007 W			
-			First Named	inventor	Rodney KI	ELT, et al.				
Applicant claims small entity status. See 37 CFR 1.27			Examiner Name Marie		Marie D. P	rie D. Patterson				
TOTAL AMOUNT OF PA	YMENT	\$ 460.00	Art Unit		3728					
			Attorney Do	ocket No.	740172-22					
METHOD OF PAYM	IENT (check all ti	hat apply)	a feeti -							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):										
<ul> <li>☑ Deposit Account Deposit Account Number: 19-2380</li> <li>☐ Deposit Account Name: Nixon Peabody, LLP</li> </ul>										
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)										
☑ Charge fee(	s) indicated below	/		☐ Char	ge fee(s) in	idicated below, exc	ept for the filing fee			
☐ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17										
WARNING: Information and authorization on PTO-	on this form may bec 20238.	ome public. Cred	it card inform	nation should no	t be included	on this form. Provide	credit card information			
FEE CALCULATION										
1. BASIC FILING,	SEARCH AND	EXAMINATION	ON FEES	^						
FILING FEES		SEARCH FEES		<b>EXAMINATION FEES</b>						
Application Type	-	Small Entity Fee (\$)	Fee (\$)	Small Entit Fee (\$)	<u>Y</u> <u>Fee (\$</u>	Small Entity Fee (\$)	Fees Paid (\$)			
Utility	310	155	510	255	210	105				
Design	210	105	100	50	130	65				
Plant	210	105	310	155	160	80				
Reissue	310	155	510	255	620	310				
Provisional	210	105	0	0	0	. 0				
2. EXCESS CLAIN Fee Description	1 FEES						Small Entity Fee (\$) Fee (\$)			
Each claim over 20 or,							50 25			
Each independent clair Multiple document cla		eissues, each in	dependent c	laim more tha	an in the or	iginal patent	210 105 370 185			
Total Claims	Extra Claims	<u> </u>	<u>ee (\$)</u>	Fee Paid	(\$) <u>M</u>	Iultiple Dependent Cla				
- 20 or HI HP =- highest number of total		XX				Fee (\$) Fee Paid	<u>d (\$)</u>			
Indep. Claims	Extra Claims		<u>ee (\$)</u>	Fee Paid	- (\$)	***************************************	_			
- 3 or HP	=	x								
HP =- highest number of ind	•	for, if greater than	3							
3. APPLICATION  If the specification for e	on and drawings	exceed 100 she	ets of paper	, the application	on size fee	due is \$260 (\$130 f G) and 37 CFR 1.16	for small entity)			
Total Sheets	Extra Sheet			th additional 50						
	00 =	/ 50 =		_(round up to a v	whole number	) x	=			
4. OTHER FEE(S)  Other: Two Month Extension of Time Fee \$460.00										
SUBMITTED BY Signature	111		Registration	No. 47.20	, 1	Talanhara (202) co	5 8000			
Constitution	MM		(Attorney/A		<u> </u>	Telephone (202) 58:	J-0UUU			
Name (Print/Type) Dav	vid B. Hardy					Date October 12,	, 2007			

Complete if Known





TD A NICHAI		Application Number		10/501,519							
TRANSMI FOR		Filing Date		December 28, 2004							
(to be used for all corresponde	al filing)	First Named Inventor		Rodney KIELT, et al.							
			Group Art Unit		3728						
			Examiner Name		Marie D. Patterson						
Total Number of Pages in This S	ubmission		Attorney Docket Number		740172-22						
			Confirmation Number		8276						
ENCLOSURES (check all that apply)											
Fee Transmittal Form  Fee Attached  Amendment / Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Response to Missing Parts/ Incomplete Application  Response to Missing Parts		required or credit any over		ayme	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Application Data Sheet Request for Corrected Filing Receipt with Enclosures A self-addressed prepaid postcard for acknowledging receipt Other Enclosure(s) (please identify below):						
under 37 CFR 1.52 or 1.53  above identified docket number.  SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT											
Firm or Individual name	David B. Hardy Registration No.47,362				GEN I						
Signature											
Date	October 12, 2007										
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.8(a)]  I hereby certify that this correspondence is being:  deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450  transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703)											
Date			Signature								
Typed or printed name											